STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155275	A. BUILDING _____ B. WING _____	R-C 11/13/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERS OF PRINCETON THE	**1020 W VINE ST PRINCETON, IN 47670**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 000}	INITIAL COMMENTS	{F 000}		

This visit was in for the Post Survey Revisit to the Investigation of Complaint IN00154633 and IN00156570 completed on October 2, 2014.

This visit was in conjunction with the for the Investigation of Complaints IN00158056 and IN00159151.

Survey dates:
November 12,13, 2014

Facility number: 000175
Provider number: 155275
AIM number: 100274440

Survey Team:
Sylvia Scales, RN-TC

Census bed type:
SNF/NF: 66
Total: 66

Census payor type:
Medicare: 8
Medicaid: 52
Other: 6
Total: 66

Sample: 5

The Waters of Princeton was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to the PSR to the Investigation of IN00154633 and IN00156570.

Quality review completed on November 14, 2014 by Jodi Meyer, RN

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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